

MICHIGAN DEPARTMENT OF CORRECTIONS <b>POLICY DIRECTIVE</b>		EFFECTIVE DATE 07/03/2000	NUMBER 03.04.120
SUBJECT CONTROL OF COMMUNICABLE BLOODBORNE DISEASES		SUPERSEDES 03.04.120 (01/01/99)	
		AUTHORITY MCL 408.1001 et seq.; 333.5129; 333.5131; 333.5133; 791.267; 791.267b	
		ACA STANDARDS 3-4345; 3-4363; 3-4365; 3-4366; 3-4377; 3- ACRS-4E-12; 3-ACRS-4E-13; 3-ACRS-4E-14	
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## POLICY STATEMENT:

The Department shall take reasonable steps to reduce and control the transmission of serious communicable bloodborne infections and diseases.

## RELATED POLICY:

03.04.110 Control of Communicable Diseases

## POLICY:

### DEFINITIONS

- A. Bloodborne Pathogen - A microorganism present in human blood which can infect and cause disease in persons exposed to the blood. These pathogens include the Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV) and Hepatitis C Virus (HCV).
- B. Medical Service Provider - A qualified health professional who is a physician, physician assistant or nurse practitioner.
- C. Occupational Exposure - An eye, mouth, other mucous membrane or non-intact skin contact with human blood or other potentially infectious materials, or such contact resulting from the piercing of the mucous membrane or skin barrier, that results from the performance of an employee's duties.
- D. Offenders - Prisoners, probationers in a Special Alternative Incarceration Program facility (SAI), and parolees in a Technical Rule Violation center (TRV).
- E. Qualified Health Professional - A physician, physician assistant, nurse practitioner, registered nurse, dentist, dental hygienist, psychologist, or social worker, or other trained health care professional licensed by the State of Michigan or certified to practice within the scope of his or her training and licensure or certification.

### GENERAL INFORMATION

- F. Bloodborne infections and diseases such as HIV, Acquired Immune Deficiency Syndrome (AIDS), Hepatitis B (HBV) and Hepatitis C (HCV) are not transmitted by casual contact. They are transmitted by direct inoculation of infected human blood. Direct inoculation can only occur through an open wound, non-intact skin, or mucous membrane, or as the result of a piercing of the mucous membrane or skin barrier by an object contaminated with infected human blood, such as a needle, scalpel, medical equipment or other sharp object ("contaminated sharps"). Tattooing with unsterilized equipment may transmit bloodborne infections.
- G. Bloodborne infections are generally transmitted by sexual contact with blood, semen and vaginal secretions, to infants of infected mothers through birth, or through sharing unsterilized hypodermic needles during intravenous drug use. Infection has rarely resulted from splashes of infected blood onto mucous membranes or damaged skin.

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## UNIVERSAL PRECAUTIONS

- H. The observance of universal precautions is important in the control of all bloodborne infections and diseases, including HIV/AIDS, HBV and HCV. The objective of universal precautions is to isolate blood and other potentially infectious materials. The practice of universal precautions treats all persons as if they are infected with a communicable bloodborne pathogen, and isolates their blood and other potentially infectious materials. This is necessary since it is not possible to be certain who is infected.
- I. Staff shall observe universal precautions at all times to reduce the risk of contact with blood, semen, vaginal fluid, or other potentially infectious material, and to prevent injury from potentially contaminated sharps. Such precautions are especially important in uncontrolled or emergency situations due to the potential increased risk of such contact or injury.

## EXPOSURE CONTROL PLAN

- J. The Administrator of the Bureau of Health Care Services (BHCS) shall ensure an Exposure Control Plan is developed and updated as necessary to identify ways to minimize or eliminate occupational exposures, as required pursuant to the Michigan Occupational Safety and Health Act (MIOSHA), being MCL 408.1001 et seq., and the MIOSHA standard for bloodborne infectious diseases, being Administrative Rule 325.70001 - 325.70018. The plan shall specifically address the following:
  - 1. Necessary personal protective clothing and equipment, including content of blood spill kits, which must be available for use within the Department, to whom such items shall be made available, and under what circumstances they must be used.
  - 2. Identification of employees eligible to receive the HBV vaccine due to potential increased risk of sustaining an occupational exposure by virtue of their work responsibilities.
  - 3. Requirements to be met prior to assigning prisoners or staff to clean up blood spills, including training and vaccinations.
- K. The Exposure Control Plan shall be distributed to Wardens, the SAI Administrator, Field Operations Administration (FOA) Regional Administrators and any other administrator affected by the plan. Each Warden or administrator affected by the Plan shall designate an appropriate staff person (e.g., health care staff, environmental sanitarian, training officer) to monitor and ensure compliance with the Exposure Control Plan. This individual shall promptly notify the Warden, SAI Administrator, FOA Regional Administrator, or other administrator, as appropriate, of any areas of non-compliance with the Plan and suggest corrective action to be taken. This individual also shall serve as liaison with the Infectious Disease Control Committee.

## TRAINING AND EDUCATION

- L. There shall be comprehensive communicable bloodborne infection education and training programs for staff and prisoners. The programs shall be coordinated and monitored by the Infectious Disease Coordinator in BHCS in collaboration with the manager of the Training Section of the Office of Personnel and Labor Relations, Administration and Programs (A&P), or designee, and the Manager of the Education and Prisoner Programs Section, Office of Program Services, A&P, or designee. The Infectious Disease Coordinator shall work with the Michigan Department of Community Health to assure full utilization of that Department's expertise and education materials.
- M. Programs for staff shall include, at a minimum, a general explanation of communicable bloodborne infections and modes of transmission, practices that will reduce or eliminate occupational exposures, and procedures to follow if an occupational exposure occurs.
- N. Programs for prisoners shall include, at a minimum, a multi-media education program for use in

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reception facilities and at each institution's program orientation such programs shall stress risk reduction both during incarceration and after release.

#### ACTION TO BE TAKEN IN RESPONSE TO OCCUPATIONAL EXPOSURE

- O. A person who is exposed to blood or other potentially infectious materials in a manner which could transmit a communicable bloodborne pathogen should promptly cleanse the exposed area with soap and water (water alone for eyes) and obtain first aid. Staff shall immediately report the exposure to his/her supervisor, who shall immediately refer the employee to an occupational or emergency health care clinic to ensure any necessary treatment may begin within one hour after the exposure. An exposed offender shall be immediately referred to the appropriate health care clinic.
- P. The Warden and Regional Medical Director, and the Chief Medical Officer and FOA Deputy Director for FOA offenders, shall meet as necessary to promptly review any occupational exposures to ensure appropriate corrective action is taken. They shall also promptly review and respond appropriately to misconduct, critical incident, accident or other reports submitted by staff in which transmission of HIV/HBV/HCV is a staff concern. Offenders known to be engaged in high risk behavior shall be appropriately counseled, and security classification and other aspects of supervision altered as appropriate.

#### EMPLOYEES AND COMMUNICABLE BLOODBORNE INFECTIONS

- Q. The fact that an employee has a communicable bloodborne infection shall not itself be a consideration in appointment, promotion, or other condition of employment, except that BHCS employees with such infections whose duties involve invasive procedures may be required to take appropriate extra precautions when performing certain procedures, and may be restricted from performing certain procedures.
- R. Employees who perform invasive procedures are encouraged to learn whether they have a communicable bloodborne infection. If infected, they shall periodically consult their personal physicians regarding the need for modification of their clinical practice, and shall inform their supervisor if there is a risk of compromised patient care. If there is such a risk, the clinical practice shall be modified to the degree necessary to eliminate the risk.
- S. Employees shall not be excused from working with or caring for offenders with a communicable bloodborne infection or from working with such employees.

##### HIV Testing of Employees

- T. An employee may request to be tested for HIV at the Department's expense by submitting the request in writing to his/her personnel office. The employee shall not be required to provide a reason for the request. The personnel officer or designee shall refer the employee to the local health department for the testing.

##### HBV Vaccine for Employees

- U. The HBV vaccine, including any required booster vaccinations, shall be offered to eligible employees, as identified in the Exposure Control Plan, within ten calendar days of the employee beginning employment. This also shall apply to an employee who becomes eligible for the HBV vaccine due to a change in his/her assignment. The Central Office Personnel Director, FOA Regional Administrators, SAI Administrator, and Wardens shall ensure that the HBV vaccine is offered as required to employees for whom they are responsible, unless declined by an employee. An eligible employee who declines the vaccination but subsequently requests it shall be offered the vaccine within thirty calendar days of the request. The vaccine may be administered by a BHCS qualified health professional, a local occupational health clinic or public health department, or the employee's personal physician. The

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Department shall pay the cost, if any, of administering the vaccine.

- V. An employee who wants to receive the HBV vaccination must sign the Information and Consent form (MDPH-IP 79) prior to receiving the vaccination. An employee who declines the vaccination must sign the Hepatitis B Vaccine Declination form (CHJ-263). The signed form shall be retained in the employee's medical file.

#### TESTING OFFENDERS FOR COMMUNICABLE BLOODBORNE INFECTIONS

- W. All newly committed prisoners and those returned to a reception facility or other Correctional Facility Administration (CFA) institution from community status, who were not in secure confinement in a jail or other correctional facility, shall be tested for HIV by a BHCS qualified health professional, unless the prisoner was tested within the three months preceding arrival by order of the sentencing court, and the test result accompanies the prisoner. In such cases, a confirmatory test shall be offered to the prisoner, but the prisoner is not required to submit to the testing.
- X. Offenders shall be tested for HIV, HBV and HCV infection when determined to be medically indicated by a medical service provider.
- Y. Testing required pursuant to Paragraphs W or X will not be conducted forcibly since this could result in an occupational exposure. A prisoner who refuses the required testing shall be managed as set forth in PD 03.04.110 "Control of Communicable Diseases", until s/he submits to the testing.
- Z. An offender may request to be tested for HIV, but such testing shall be conducted only upon an order of a medical service provider and shall not be ordered more than once per six-month period. The offender may withdraw his/her request at any time. The offender shall be provided counseling as set forth in Paragraph BB prior to being tested for HIV.
- AA. Offenders may be tested on a strictly voluntary basis for periodic anonymous surveys, as authorized by the Administrator of BHCS.
- BB. HIV counseling shall be provided to offenders prior to any HIV testing. Offenders also shall be given the "Important Health Information" (HP-143) pamphlet developed by the Michigan Department of Community Health prior to BHCS testing. The Infectious Disease Coordinator shall be responsible for advising the Department of Community Health when there are changes which must be incorporated into the pamphlet to accurately reflect Department policy or procedures.

#### TESTING OF OFFENDER PURSUANT TO EMPLOYEE REQUEST

- CC. If an employee, including an individual under contract to the Department, sustains a percutaneous (i.e., effected or performed through the skin ), mucous membrane, or open wound exposure to the blood or body fluids of an offender, the employee may request that the offender be tested for HIV, HBV and/or HCV infections. To request such testing, the employee shall complete form CHJ-405 "Employee Request for HIV/HBV/HCV Testing" and submit it to the appropriate Warden, SAI Administrator, Regional Administrator, or designee, within 72 hours after the exposure occurs. The employee shall not include information that would identify the offender.
- DD. The Warden, SAI Administrator, or Regional Administrator, as appropriate, shall immediately review the request and any other relevant documentation to determine whether there is reasonable cause to believe that the exposure incident occurred as described. Form CHJ-405 and the finding as to whether there is reasonable cause to believe the exposure incident occurred as described shall be immediately forwarded to the Regional Medical Director. The basis for any finding that the incident did not occur as described shall be fully explained. Whether HIV, HBV or HCV infection could have been transmitted as a result of the exposure incident shall not be addressed.
- EE. The Regional Medical Director shall review form CHJ-405 immediately upon receipt and determine

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whether there is reasonable cause to believe that the employee sustained a percutaneous, mucous membrane or open wound exposure. This determination shall be based on the findings by the Warden, SAI Administrator, or Regional Administrator as to whether the exposure incident occurred and, if different than as described by the employee, how the exposure incident occurred.

- FF. If the Regional Medical Director determines that the employee sustained a percutaneous, mucous membrane or open wound exposure to the blood or other potentially infectious body fluids of the offender, the offender shall be requested to consent to testing unless already known to be positive. An offender who consents to testing shall be tested as requested by the employee within five business days. A probationer or parolee who does not consent shall be referred to the BHCS Administrator. The BHCS Administrator or designee shall contact the Administrator of the Office of Policy and Hearings who shall in turn contact the Department of Attorney General if it is necessary to obtain a court order to conduct the testing. Since it is not necessary to obtain the consent of a prisoner prior to testing, a prisoner shall be tested as requested by the employee within five business days even if s/he refuses to consent.
- GG. The employee or, upon the employee's request, his/her primary care physician or other health professional, shall be notified of the test results, or known positive status, within two business days after the test results are obtained or the positive status becomes known by the Regional Medical Director or the Chief Medical Officer. Form CHJ-415 "Response to Employee Request for HIV/HBV/HCV Testing of Potential Exposure Source" shall be used to provide this information and to notify the employee of the confidentiality requirements set forth in state law. The form shall not include any information that would identify the prisoner who was tested.
- HH. If the Regional Medical Director determines that the employee did not sustain a percutaneous, mucous membrane or open wound exposure to the blood or other potentially infectious body fluids of a prisoner, the employee shall be notified of this determination and how this determination was reached within two business days of the determination. Form CHJ-415 shall be used to notify the employee of this information.

#### NOTIFICATION, COUNSELING AND TREATMENT OF OFFENDERS WITH HIV

- II. An offender shall be advised of his/her HIV test results at an individual, confidential health care visit. If the test results are negative for HIV, the visit shall be conducted by a qualified health professional. If the test results are positive for HIV, the visit shall be conducted by a medical service provider.
- JJ. An offender who is HIV positive shall be provided written and verbal post-test HIV counseling, which shall include the following information:
  1. The limitations of the test, the methods of transmission of HIV, available treatment for HIV, and risk reduction both while incarcerated and after release.
  2. If a prisoner, that s/he will be classified to administrative segregation if s/he is if subsequently found guilty of any of the major misconducts identified in Paragraph NN, and it is determined that the prisoner's behavior could have transmitted HIV.
  3. That the law requires that s/he inform any future sexual partner that s/he tested positive for HIV before engaging in sexual relations.

The above information shall be provided to the prisoner before medical clearance is granted to transfer the prisoner to a facility in a different BHCS region.

- KK. The Administrator of BHCS shall designate staff to assist local public health officials in obtaining any information needed from the offender to facilitate required partner notification.

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## HBV VACCINE FOR PRISONERS

- LL. All newly committed prisoners and those returned to a reception facility or other CFA institution from community status shall be offered the HBV vaccine by BHCS staff, unless it is documented that the prisoner has already been vaccinated or has HBV. A prisoner who initially declines the vaccination may subsequently request it. The vaccination shall be provided only upon order of a medical service provider. If the prisoner withdraws his/her request for the HBV vaccine, the vaccine shall not be administered.

## MANAGEMENT OF OFFENDERS WITH COMMUNICABLE BLOODBORNE INFECTIONS

- MM. Offenders with a communicable bloodborne infection are eligible for any housing, job or school assignment, or other program, including public works and work-pass, which their behavior and health allows, except that a prisoner shall not be assigned to work in a health service area or, if HIV positive, in Food Service. For example, a prisoner with HBV or HCV infection may work in a food service area unless s/he also has a condition which should disqualify anyone from working with food or food contact surfaces. Such conditions include cuts, sores and dermatitis (above the torso), diarrhea, uncontrolled cough, runny nose and poor general hygiene. Prisoners with communicable bloodborne infections are eligible for placement in Community Residential Programs (CRP), including a TRV, if they meet the physical, mental and other requirements of the program, and their health care needs can be met.

### Major Misconduct Guilty Findings - HIV

- NN. Each Warden and FOA Regional Administrator shall ensure that timely reports of prisoners at their respective facilities who have been found guilty of any of the following major misconduct violations are provided to Regional Medical Directors.
1. Substance Abuse involving the use of a syringe or needle;
  2. Sexual Misconduct or Sexual Assault, or an attempt to commit either, which involves even the slightest sexual penetration;
  3. Assault and Battery, Assault Resulting in Serious Physical Injury, Fighting or Threatening Behavior which involves serious injury or an attempt to seriously injure.
- OO. If the prisoner who received the misconduct is HIV positive, the Regional Medical Director shall review the actual misconduct report(s) and other pertinent information to determine if the prisoner's behavior could transmit HIV. If the behavior involved actual or attempted sexual penetration or the unauthorized intravenous use of a needle or syringe it will be presumed to be behavior which could transmit HIV. The date of the misconduct and the determination of whether or not HIV could have been transmitted shall be documented in the prisoner's health record.
- PP. If it is determined that the behavior could transmit HIV and the prisoner received post-test counseling required pursuant to Paragraph JJ prior to engaging in the behavior, the CFA Deputy Director and the Chief Medical Officer shall be informed in writing of the incident and shall review the case to determine if the prisoner should be classified to administrative segregation. If the prisoner is classified to administrative segregation, s/he shall not subsequently be reclassified without prior authorization by the CFA Deputy Director. Such prisoners may be placed in health care inpatient units if necessary to receive medical care, including mental health care.
- QQ. A prisoner who is classified to administrative segregation pursuant to Paragraph PP, and is paroled or discharged while on that status, shall be classified to administrative segregation status if s/he is returned to a CFA facility for any reason, including for a new conviction, unless the CFA Deputy Director authorizes other placement.

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## REPORTING/DISCLOSING INFORMATION ON COMMUNICABLE BLOODBORNE INFECTIONS

- RR. As is the case with all medical information, the results of tests for communicable bloodborne infections and information regarding any person's HIV, HBV, or HCV status, including employees and offenders, shall not be disclosed to anyone other than the person tested, except as authorized by Department policy or state law. An employee who receives confidential information on an offender's HIV or HBV status pursuant to Paragraphs CC through HH of this policy may disclose the information to others to the extent necessary to obtain medical care or prevent further transmission. Unauthorized disclosure of information on any person's HIV, HBV or HCV status by an employee may result in discipline pursuant to PD 02.03.100 "Employee Discipline". Unauthorized disclosure of any person's HIV status or of an offender's HBV status is a misdemeanor.
- SS. All new offender cases of HIV infection or AIDS in a CFA or FOA facility shall promptly be reported to the Regional Medical Director. The medical service provider shall complete any forms or reports required by the Center for Disease Control (CDC) and promptly submit them to the Michigan Department of Community Health. A copy shall be filed in the offender's health record.
- TT. A victim or person with whom an offender engaged in sexual penetration or sexual contact, or who was exposed to a body fluid during the course of the crime, shall be notified of the offender's HIV and HBV status as ordered by a court. Such court orders shall be sent to the Administrator of BHCS.
- UU. If an offender with a communicable bloodborne infection dies and the physician who signs the death certificate has knowledge of the infection, the physician shall ensure the funeral director or his/her agent is notified, before the body is released, of appropriate infection control precautions to be taken.
- VV. If an offender with a communicable bloodborne infection is transferred to a correctional facility, hospital, or clinical facility not operated by the Department the medical service provider shall provide all relevant health care information to the receiving facility's health care staff for use in continuing health care.

## OPERATING PROCEDURES

- WW. The CFA Deputy Director, the FOA Deputy Director and the BHCS Administrator shall ensure that within 60 days of its effective date, procedures necessary to implement this policy directive are developed.

## AUDIT ELEMENTS

- XX. A Primary Audit Elements List has been developed and will be provided to Wardens, the SAI Administrator, FOA Regional Administrators and the BHCS Administrator to assist with self audit of this policy, pursuant to PD 01.05.100 "Self Audit of Policies and Procedures".

BM:OPH:06/26/00